



Public Schools of North Carolina

21st Century Community Learning Centers Spring Updates

NCDPI 21st CCLC
Statewide Team
April 21, 2020

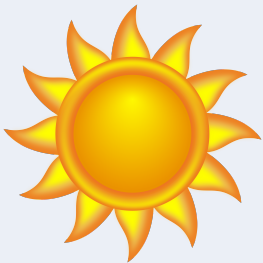




21st CCLC Welcome & Announcements

Tammorah Mathis (Southwest/Western)

- **Welcome**
- **Agenda Overview**
- **Announcements**
- **Introductions of 21st CCLC Staff**
- **Housekeeping Items**
- **Program Guidance**

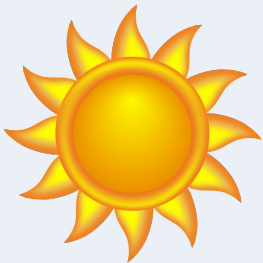


Agenda



- **Opening Announcements & Introductions**
- **21st CCLC Updates, NCDPI Program Administrators**
 - **3rd Installment**
 - **Summer Basic Program Information Sheet**
 - **Teacher Surveys**
 - **Expenditure v. Budget Reviews/Budget Amendments**
- **21st CCLC Monitoring Reflections & Feedback, NCDPI Program Administrators**
 - **Private Schools Consultation**
 - **Common Findings from the Field**
 - **Documentation Tips**
 - **Best Practices**





Agenda-Continued

- **21st CCLC End of Year Procedures**
 - **Submitting SY 21DC Attendance/Data**
 - **Summer Carryover Budget**
 - **Annual Program Evaluation**
- **Wrap-Up/ Q&A**



21st CCLC Announcements

21DC 2019-2020 SY Closes July 3, 2020

21DC Summer Opens May 25, 2020

In response to the National and State of Emergencies in the US & NC due to the COVID-19 outbreak, the 21st CCLC Cohort 14 Application deadline has been extended to April 24, 2020. (this Friday)



21st CCLC Staff



Susan Brigman, 21st CCLC State Coordinator; Interim Assistant Director

Tina Letchworth, Interim Section Chief

Tammorah Mathis, Program Administrator Southwest & West

Jennifer Smith, Program Administrator Piedmont Triad & Northwest

Tara Powe, Program Administrator North Central & Northeast

Melissa Eddy, Program Administrator Sandhills & Southeast

Who's Who?



21st CCLC Contact Information

Name	Position	Email	Phone
Susan Brigman	Federal Programs Assistant Director (Interim) 21 st CCLC State Coordinator	Susan.Brigman@dpi.nc.gov	919.807.3830
Tina Letchworth	Section Chief, Interim	Tina.letchworth@dpi.nc.gov	919-807-3955
Melissa Eddy	PA – Sandhills/Southeast	melissa.eddy@dpi.nc.gov	919.807.3926
Tammorah Mathis	PA – Western/Southwest	tammorah.mathis@dpi.nc.gov	919.807.3374
Tara Powe	PA – North Central/Northeast	tara.powe@dpi.nc.gov	919.807.3644
Jennifer Smith	PA – Northwest/Piedmont-Triad	Jennifer.Smith@dpi.nc.gov	919.807.3949



Other Division Members

Federal Program Monitoring and Support

Dr. LaTricia Townsend, Division Director

Katrina Blount, Fiscal Monitor

Anita Harris, Fiscal Monitor/Data Quality Manager

Richard Trantham, Program Assistant (Non-LEAs
send fiscal documentation)

Melba Strickland, Program Assistant



Housekeeping Items



Please continue to share any program changes:

- **Sites**
- **Feeder schools**
- **Grade levels of students served**
- **Any major changes to the grant application**
- **Ensure Programmatic Amendments are submitted for review and prior approval**
- 21st CCLC Program COVID-19 Status



Program Guidance

 North Carolina Department of
PUBLIC INSTRUCTION

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21st Century Community Learning Centers

[Updated 21st CCLC Grant Guidance](#) ← Click Here!

[Intent to Apply](#)

Federal Program Monitoring

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21st CCLC Updates

Tara Powe (North Central/Northeast)

- **3rd Installment**
- **Summer Basic Program Information Sheet**
- **Teacher Surveys**
- **Expenditure v. Budget Reviews/Budget Amendments**

3rd Installment (due April 30th, 2020)

Access the Comprehensive Continuous Improvement Plan (CCIP) system and upload the document in the “Optional” Related Documents Section.
Once posted, approve the revision/draft through the “Chief Administrator Approved” status.



21ST CENTURY COMMUNITY LEARNING CENTERS PROGRAM ATTENDANCE UPDATES



Cohort: Unit Number: Program Name:

21st CCLC Program Director: Program Director Email:

Program Director Phone:

Number of students to be served per approved RFP:

Number of program sites per approved RFP:

Total Current *Enrollment*:

Overall *Average Daily Attendance (ADA)*:

Dates of operation (for current program year): MM/DD/YY _____ to MM/DD/YY _____



Program Site/Center Information Complete for each site/center; Include all building/office suite numbers as appropriate (Ex. Bldg. L, Suite B)	Total number of students <i>enrolled</i> in current program year	Total number of students who have attended <i>for 30 days or more</i> in current program year	Total number of <i>private school students</i> enrolled in current program year	Total <i>Average Daily Attendance</i> (ADA) per site/center level
Site # 1 School /Location Name & Physical Address: _____	_____	_____	_____	_____
Site # 2 School /Location Name & Physical Address: _____	_____	_____	_____	_____
Site # 3 School /Location Name & Physical Address: _____	_____	_____	_____	_____
Site # 4 School /Location Name & Physical Address: _____	_____	_____	_____	_____

Add cells and additional pages as necessary

By signing below, I am attesting that all of the data above is current and accurate information to the best of my knowledge and aligns with the data entry into the 21DC System. (Note: hand-written signatures are required)

Program Director or Designee Signature: _____ **Date:** _____

Fiscal Agent, Organization Chief Administrator or Designee Signature: _____ **Date:** _____



Must upload file by May 29th, 2020
(tentative date due Covid-19/extended school closures)

Summer Basic Program Information Sheet



21ST Century Community Learning Centers SUMMER BASIC PROGRAM INFORMATION



Unit Number: Cohort: Program Name:

County Served by 21st CCLC Grant:

*Current-Year Grant Award: \$

Name of Fiscal Agent Organization:

Physical Address of Fiscal Agent Organization:

Fiscal Agent Organization Chief Administrator:

Email:

Fiscal Agent Organization Primary Contact Phone:

Fax:

Chief Finance Officer (if appropriate): Email: Phone:

Program Director: Email: Phone:

Number of Students to Be Served (as per approved RFP):

Number of Students to Be Served (Summer):

Dates of Summer Programming: From: to

**Very
Important!**



PROGRAM SITE/CENTER INFORMATION (complete for each site/ center)

Site # 1 Physical Address: _____	Days/Hours Operation	Phone #: _____	Site Contact (if different than Program Director): _____
Site # 2 Physical Address: _____		Phone #: _____	Site Contact (if different than Program Director): _____
Site # 3 Physical Address: _____		Phone #: _____	Site Contact (if different than Program Director): _____
Site # 4 Physical Address: _____		Phone #: _____	Site Contact (if different than Program Director): _____
Site # 5 Physical Address: _____		Phone #: _____	Site Contact (if different than Program Director): _____

Insert additional cells as necessary.

By signing below, I am attesting that I understand it is the Fiscal Agent Organization's responsibility to:
1) maintain accurate and updated contact information for all 21st CCLC sites with NCDPI; 2) ensure adherence to all assurances and certifications associated with the 21st CCLC Grant; 3) assume responsibility for the reconciliation of any audit exception or compliance finding, including as necessary, the repayment of 21st CCLC funds from a non-federal funding source. (Note, an original, hand-written signature is required)

Signature of Fiscal Agent Organization Chief Administrator or Designee

Date: _____

Don't forget to SIGN!



21st CCLC Teacher Survey

- Required as part of federal and state student outcome reporting requirements.
- Completed for students with 30 days (or more) of regular program attendance.
 - Primary classroom teacher for elementary school students
 - English/Language Arts or Math for middle & high school students



Teacher Survey–21st Century Community Learning Centers (21st CCLCs)

This survey is designed to collect information about changes in a particular student's behavior during the school year. Please select only one response for each of the questions asked in the table below. Please note that survey response options are divided into two primary groups: (1) **Did Not Need to Improve**, which suggests that the student had already obtained an acceptable level of functioning and no improvement was needed during the course of the school year; and (2) **Acceptable Level of Functioning Not Demonstrated Early in School Year–Improvement Warranted**, which suggests that the student was not functioning at a desirable level of performance on the behavior being described. If the student warranted improvement on a given behavior, please indicate the extent to which the student did or did not improve on that behavior during the course of the school year by indicating if they demonstrated **Significant Improvement**, **Moderate Improvement**, or one of the other levels listed below. If you believe the behavior described in a given question is not applicable for the student for whom you are completing the survey (e.g., homework is not given in your classroom because of the age of the student), please do not provide a response for that question.

Name of student: Tara Powe

Grade/school: 6th/ABC Middle School

Subject taught (if middle or high school): Language Arts


To what extent has your student changed their behavior in terms of:	Did Not Need to Improve	Acceptable Level of Functioning Not Demonstrated Early in School Year – Improvement Warranted						
		Significant Improvement	Moderate Improvement	Slight Improvement	No Change	Slight Decline	Moderate Decline	Significant Decline
Turning in his/her homework on time.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing homework to your satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participating in class.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering (e.g., for extra credit or more responsibilities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending class regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being attentive in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaving well in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coming to school motivated to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Getting along well with other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent has your student changed their behavior in terms of:	Did Not Need to Improve	Acceptable Level of Functioning Not Demonstrated Early in School Year – Improvement Warranted						
		Significant Improvement	Moderate Improvement	Slight Improvement	No Change	Slight Decline	Moderate Decline	Significant Decline
Turning in his/her homework on time.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing homework to your satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participating in class.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering (e.g., for extra credit or more responsibilities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending class regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being attentive in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaving well in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coming to school motivated to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Getting along well with other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student

Grantee | Center | Feeder School | Partner | Activity | Staff | **Student** | Attendance | Private Participation

			School Code	MRTS	First Name	Middle Name	Last Name	Grade	Gender	Days Attended	Date First Attended	Survey Distributed	Survey Returned	Improved HWCP	Improved Behavior
Edit Survey	Edit Attendance	Delete Student		Y						90	10/01/2018	N	N	N	N

* Teacher Survey distributed: ☒ Yes ☐ No * Teacher Survey returned: ☒ Yes ☐ No

* Reported improvement in homework completion and class participation: ☒ Yes ☐ No

* Reported improvement in student behavior: ☒ Yes ☐ No

Student

Grantee | Center | Feeder School | Partner | Activity | Staff | **Student** | Attendance | Private Participation

			School Code	MRTS	First Name	Middle Name	Last Name	Grade	Gender	Days Attended	Date First Attended	Survey Distributed	Survey Returned	Improved HWCP	Improved Behavior
Edit Survey	Edit Attendance	Delete Student		Y						90	10/01/2018	N	N	N	N

- * Teacher Survey distributed: ☒ Yes ☐ No * Teacher Survey returned: ☒ Yes ☐ No
- * Reported improvement in homework completion and class participation: ☒ Yes ☐ No
- * Reported improvement in student behavior: ☒ Yes ☐ No

Before you can submit your data at the end of the school year, any student with a **Y** (Regular Attendee ≥ 30 days), must have Teacher Survey questions answered. Strongly suggest starting that Teacher Survey process NOW.



Teacher Survey Best Practices

- Send them out early
- Distribute questions in a digital or online platform
- Add a personal touch or incentives; utilize your relationship with the feeder school staff
- Ask feeder school administration to support the distribution and collection of surveys
- **STRESS THE IMPORTANCE OF THE DATA AS RELATED TO FUTURE FUNDING**



Expenditure v/s. Budget Reviews

Expenditures are compared to budgets to ensure that:

- Expenditures are within 10% of any approved budget line item.
- All line items have been included in the approved budget / amendment.



Best Practices

- Maintaining a monthly budget spreadsheet for expenditures.
- Review ERaCA reimbursement requests and reports with your finance person.
- Submit a budget amendment if you notice any errors.



Expenditure v. Budget Reviews

After the review is completed, the Program Administrator will email the results of the Budget Review to the subgrantee and request a budget amendment and narrative if applicable.



Budget Review Email

Dear 21st CCLC Subgrantee,

As you are aware, if actual expenditures exceed by more than ten percent (10%) of the approved budget for any line item, then a budget amendment must be submitted. A review of the expenditures as of **[DATE]** for **[Program Name, Unit Number]**, indicates the following issues:

- ☐ There are expenditures that are in excess of 10% of the approved budget. Submit a budget amendment in CCIP within the next ten (10) business days so that the budget reflects the actual costs incurred for each line item.
- ☐ There are expenditures coded to account codes that are not in the approved budget. Submit a budget amendment in CCIP within the next 10 business days so that all costs may be approved prior to repayment being issued.

Budget Account Codes: 5350.110.411

In order to prevent these issues from becoming questioned costs, please submit a budget amendment form through the Comprehensive Continuous Improvement Plan (CCIP) system no later than **[DATE]**. If you have any questions or concerns, please do not hesitate to contact me at 252-412-2422 or by email.



Budget Amendment (Form 209)

	A	B	C	D	E	F
1	DEPARTMENT OF PUBLIC INSTRUCTION					
2	21st CENTURY COMMUNITY LEARNING CENTER					
3	Form 209 - AMENDMENT REQUEST (Revised June 2018)					
4	Organization Name (enter in shaded cell below):	Unit Number	Cohort #	Project Period	Beginning	07/01/19
5	XYZ Academic Services	227	13		Ending	9/30/20
6					Yearly Budget	\$400,000.00
7						
8						
9	Account Classification	Codes	Previously Approved Amount	Increases	Decreases	Revised Budget
10	Alt Progs Supprt & Dev Svcs - Salary - Program Director/Supervisor	6300.110.113	\$45,000.00			\$45,000.00
11	Alt Progs Supprt & Dev Svcs - Salary - Finance (e.g., Officer, bookkeeper, accountant)	6300.110.115				\$0.00
12	Alt Progs Supprt & Dev Svcs - Salary - Office Support	6300.110.151	\$15,000.00			\$15,000.00
13	Alt Progs Supprt & Dev Svcs - Longevity Pay	6300.110.184				\$0.00
14	Alt Progs Supprt & Dev Svcs - Overtime	6300.110.199				\$0.00
15	Alt Progs Supprt & Dev Svcs - Employer's Soc Sec - Regular	6300.110.211	\$2,000.00			\$2,000.00
16	Alt Progs Supprt & Dev Svcs - Employer's Retirement-Regular	6300.110.221				\$0.00
17	Alt Progs Supprt & Dev Svcs - Other Retirement-Regular	6300.110.229				\$0.00
18	Alt Progs Supprt & Dev Svcs - Employer's Hospitalization Cost	6300.110.231				\$0.00
19	Alt Progs Supprt & Dev Svcs - Employer's Workers' Comp Ins	6300.110.232				\$0.00
20	Alt Progs Supprt & Dev Svcs - Employer's Unemployment Ins.	6300.110.233				\$0.00
21	Alt Progs Supprt & Dev Svcs - Other Insurance Cost	6300.110.239				\$0.00
22	Alternative Progs Support & Dev Services- Contracted Services (if working in administrative capacity)	6300.110.311				\$0.00
23	Payments to Other Gov Units - Indirect Cost (non-LEA ICR is 3.776%)	8100.110.392				
24	Payments to Other Gov Units - Payments to Other Gov Units	8100.110.472				\$0.00
25	*Note* Administrative costs are limited to 12% of the yearly budget; all codes above this line are considered administrative in function.	Total	\$62,000.00	\$ -	\$ -	\$62,000.00
26	Extended Day/Year Instr - Site Director	5350.110.113	\$30,000.00			\$30,000.00
27	Extended Day/Year Instr - Salary - Teacher	5350.110.121	\$60,000.00			\$60,000.00
28	Extended Day/Year Instr - Salary - Held Harmless Salary	5350.110.129				\$0.00
29	Extended Day/Year Instr - Salary - Instruct. Support I -	5350.110.131	\$80,000.00		\$2,500.00	\$77,500.00
30	Extended Day/Year Instr - Salary - Instr Facilitator/ Lead Tch	5350.110.135				\$0.00
31	Extended Day/Year Instr - Salary - TA - Other	5350.110.141	\$40,000.00			\$40,000.00
32	Extended Day/Year Instr - Substitute Pay - Reg. Absence	5350.110.162				\$0.00
33	Extended Day/Year Instr - Substitute Pay - Staff Dev	5350.110.163				\$0.00

Form 209



Budget Amendment (Form 209)

	A	B	C	D	E	F
33	Extended Day/Year Instr - Substitute Pay - Staff Dev.	5350.110.163				\$0.00
34	Extended Day/Year Instr - Tchr. Asst. Pay - Staff Dev.	5350.110.166				\$0.00
35	Extended Day/Year Instr - Tchr. Asst. Pay - Reg. Absence	5350.110.167				\$0.00
36	Extended Day/Year Instr - Longevity	5350.110.184				\$0.00
37	Extended Day/Year Instr - Staff Dev. Participant Pay	5350.110.196				\$0.00
38	Extended Day/Year Instr - Staff Development Instructor	5350.110.197	\$5,000.00			\$5,000.00
39	Extended Day/Year Instr - Tutorial Pay	5350.110.198				\$0.00
40	Extended Day/Year Instr - Overtime Pay	5350.110.199				\$0.00
41	Extended Day/Year Instr - Employer's Soc Sec - Regular	5350.110.211	\$7,000.00			\$7,000.00
42	Extended Day/Year Instr - Employer's Retirement-Regular	5350.110.221				\$0.00
43	Extended Day/Year Instr - Other Retirement-Regular	5350.110.229				\$0.00
44	Extended Day/Year Instr - Employer's Hospitalization Cost	5350.110.231				\$0.00
45	Extended Day/Year Instr - Employer's Workers' Comp Ins	5350.110.232		\$1,500.00		\$1,500.00
46	Extended Day/Year Instr - Employer's Unemployment Ins.	5350.110.233				\$0.00
47	Extended Day/Year Instr - Other Insurance Cost	5350.110.239				\$0.00
48	Extended Day/Year Instr - Contracted Services	5350.110.311	\$20,000.00		\$5,000.00	\$15,000.00
49	Extended Day/Year Instr - Workshop Exp/Allowable Travel	5350.110.312				\$0.00
50	Extended Day/Year Instr - Advertising Cost	5350.110.313	\$2,000.00			\$2,000.00
51	Extended Day/Year Instr - Printing and Binding Fees	5350.110.314	\$1,000.00			\$1,000.00
52	Extended Day/Year Instr - Contracted Repairs - Equipment	5350.110.326				\$0.00
53	Extended Day/Year Instr - Rentals/Leases	5350.110.327				\$0.00
54	Extended Day/Year Instr - Travel Reimbursement	5350.110.332	\$1,500.00			\$1,500.00
55	Extended Day/Year Instr - Field Trips	5350.110.333	\$10,000.00			\$10,000.00
56	Extended Day/Year Instr - Postage	5350.110.342	\$500.00			\$500.00
57	Extended Day/Year Instr - Security Monitoring	5350.110.345				\$0.00
58	Extended Day/Year Instr - Fidelity Bond Premium	5350.110.375				\$0.00
59	Extended Day/Year Instr - Supplies and Materials	5350.110.411	\$10,000.00	\$5,000.00		\$15,000.00
60	Extended Day/Year Instr - Other Textbooks	5350.110.413				\$0.00
61	Extended Day/Year Instr - Library Books	5350.110.414	\$500.00			\$500.00
62	Extended Day/Year Instr - Computer Software and Supplies	5350.110.418		\$1,000.00		\$1,000.00
63	Extended Day/Year Instr - Other Food Purchases (Student snacks only)	5350.110.459	\$5,500.00			\$5,500.00
64	Extended Day/Year Instr - Furniture and Equipment - Inve	5350.110.461	\$6,000.00			\$6,000.00
65	Extended Day/Year Instr - Computer Equipment - Inventori	5350.110.462	\$4,000.00			\$4,000.00
66	Extended Day/Year Instr - Sales and Use Tax Expense	5350.110.471				\$0.00
67	Parent Involvement - Salary - Instruct. Support I -	5880.110.131				\$0.00
68	Parent Involvement - Salary - Specialist (School-Ba	5880.110.146				\$0.00



Budget Amendment (Form 209)

76	Parent Involvement - Employer's Workers' Comp Ins	5880.110.232				\$0.00
77	Parent Involvement - Employer's Unemployment Ins.	5880.110.233				\$0.00
78	Parent Involvement - Other Insurance Cost	5880.110.239				\$0.00
79	Parent Involvement - Contracted Services	5880.110.311	\$3,000.00			\$3,000.00
80	Parent Involvement - Workshop Exp/Allowable Travel	5880.110.312				\$0.00
81	Parent Involvement - Pupil Transportation - Contrac	5880.110.331				\$0.00
82	Parent Involvement - Travel Reimbursement	5880.110.332				\$0.00
83	Parent Involvement - Field Trips	5880.110.333				\$0.00
84	Parent Involvement - Postage	5880.110.342				\$0.00
85	Parent Involvement - Supplies and Materials	5880.110.411	\$1,000.00			\$1,000.00
86	Parent Involvement - Other Food Purchases (Snacks only)	5880.110.459	\$500.00			\$500.00
87	Parent Involvement - Furniture and Equipment - Inve	5880.110.461				\$0.00
88	Custodial/Kousekeeping Services - Salary	6540.110.173				\$0.00
89	Custodial/Housekeeping Services-Longevity	6540.110.184				\$0.00
90	Custodial/Housekeeping Services-Overtime	6540.110.199				\$0.00
91	Custodial/Housekeeping Services - Employer's Soc Sec - Regular	6540.110.211				\$0.00
92	Custodial/Housekeeping Services - Employer's Retirement - Regular	6540.110.221				\$0.00
93	Custodial/Housekeeping Services - Employer's Hospitalization Ins	6540.110.231				\$0.00
94	Custodial/Housekeeping Services - Employer's Workers' Compensation	6540.110.232				\$0.00
95	Custodial/Housekeeping Services-Contract	6540.110.311	\$3,300.00			\$3,300.00
96	Transportation - Salary - Driver	6550.110.171				\$0.00
97	Transportation - Salary - Driver Overtime	6550.110.172				\$0.00
98	Transportation - Employer's Soc Sec - Regular	6550.110.211				\$0.00
99	Transportation - Employer's Retirement - Regular	6550.110.221				\$0.00
100	Transportation - Employer's Hospitalization Ins	6550.110.231				\$0.00
101	Transportation - Employer's Unemployment Ins.	6550.110.233				\$0.00
102	Transportation - Pupil Transportation - Contrac	6550.110.331	\$47,200.00			\$47,200.00
103	Audit Services - Contracted Services	6930.110.311				\$0.00
104						
105		Total Budget	\$400,000.00	\$7,500.00	\$7,500.00	\$400,000.00
106						
107						
108		Date				
109	Signature of Unit Superintendent / Finance Officer / Administrator					
110						

Check Totals



Sign/date here





Public Schools of North Carolina

21st CCLC Monitoring **Reflections & Feedback**

Melissa Eddy (Sandhills/Southeast)

- **Private School Consultation**
- **Common Findings**
- **Documentation Tips and Best Practices**

Private Schools Consultation

Changes Regarding COVID-19 for 2020-2021 Applications

- Consultations with private school officials may be conducted via webinar or phone conference. This should allow LEA/Non-LEA entities and interested private schools to adhere to the guidelines presented in the supporting documents that are available on [the DPI Equitable Services web page](#).



Private Schools Consultation

Changes Regarding COVID-19 for 2020-2021 Applications

DPI does not recommend sending the Affirmation form to private schools as a part of the invitation/notification process, however we do recommend sending it to those who have indicated that they will consult – either by mailing it ahead of the virtual meeting or sending via email (as a PDF) once the private school official has joined the webinar/phone conference. Prior to sharing the forms, the Program Director should fill in the top portion and check the appropriate “not applicable” boxes in Section B.

AFFIRMATION OF NOTIFICATION, INVITATION & CONSULTATION
FOR TITLE IV-B EQUITABLE SERVICES OFFERED TO PRIVATE SCHOOLS
BY A 21ST CENTURY COMMUNITY LEARNING CENTER (21ST COLC PROGRAM)
This form is to be used by private schools and non-profit organizations. (School districts use a different form.)

Private School: 21ST COLC PROGRAM	Phone:
--	--------

SECTION A: The private school representative checks yes box.

A-1 ☐ **THE PRIVATE SCHOOL HEREBY AFFIRMS** that:

- a. the "Summary of Topics for Consultation and Statement of Assurance for the Provision of Equitable Services to Private School Children" was provided to the Private School by the 21st COLC Program;
- b. the selections made in SECTION B (below) are based on timely and meaningful consultation with the 21st COLC Program and on verifiable enrollment and eligibility data provided by the private school to the 21st COLC Program;
- c. the proposed design of exempted services is equitable with respect to eligible private school children and consultation shall continue throughout the implementation and assessment of all exempted programs;

OR

A-2 ☐ **THE PRIVATE SCHOOL HEREBY ASSERTS** that one or more of the four conditions listed above have not been met. Comments or concerns regarding this process may be filed with the Equitable Services Office/monitor at NCSPR 21st COLC 2020-2021.

SECTION B: Only the private school may check the boxes in this section.

ACCEPT	DECLINE
<input type="checkbox"/> The private school hereby accepts participation in Title IV-B equitable services.	<input type="checkbox"/> The private school hereby declines participation in Title IV-B equitable services.

SECTION C: The private school representative provides a hand-written signature to affirm sections in A & B above.

Name of Private School Official:	Signature of Private School Official:	Date Signed:
----------------------------------	---------------------------------------	--------------

SECTION D: If the private school representative did not complete Sections A, B & C, the 21st COLC Program must check this box.

☐ **THE 21st COLC PROGRAM HEREBY AFFIRMS** and has documented that the private school was notified of the availability of federally funded equitable services and was invited to consult, but the private school:

- a. did not complete Sections A, B & C;
- b. actively refused the invitation to consult; or
- c. did not respond, despite three timely and direct invitations being sent.

SECTION E: The 21st COLC Program official's signature is required in all cases.

Name of 21 st COLC Program Official:	Signature of 21 st COLC Program Official:	Date Signed:
---	--	--------------

All affirmation forms must be completed by 6-30-19, unless an extension has been granted by NCSPR. Documentation of invitations and consultation meetings must be kept on file by the 21st COLC Program.

NCSPR - Revised April 18, 2019

**AFFIRMATION OF NOTIFICATION, INVITATION & CONSULTATION
FOR TITLE IV-B EQUITABLE SERVICES OFFERED TO PRIVATE SCHOOLS
BY A 21ST CENTURY COMMUNITY LEARNING CENTER (21ST CCLC PROGRAM)**
This form is to be used by charter schools and non-district organizations. (School districts use a different form.)

Private School:	Phone:
21ST CCLC PROGRAM:	

SECTION A: The private school representative checks <u>one</u> box.	
<p>A-1 <input type="checkbox"/> THE PRIVATE SCHOOL HEREBY AFFIRMS that:</p> <ul style="list-style-type: none"> a. the "Summary of Topics for Consultation and Statement of Assurances for the Provision of Equitable Services to Private School Children" was provided to the Private School by the 21st CCLC Program, b. the selections made in SECTION B (below) are based on timely and meaningful consultation with the 21st CCLC Program and on verifiable enrollment and eligibility data provided by the private school to the 21st CCLC Program, c. the proposed design of accepted service(s) is equitable with respect to eligible private school children and d. consultation shall continue throughout the implementation and assessment of all accepted programs. <p style="text-align: center;">OR</p> <p>A-2 <input type="checkbox"/> THE PRIVATE SCHOOL HEREBY ASSERTS that one or more of the four conditions listed above have not been met. Complaints or concerns regarding this process may be filed with the Equitable Services Ombudsman at NCDPI (919-807-3957).</p>	

SECTION B: 1- Only the private school may check the boxes in this section.	
ACCEPT	DECLINE
<input type="checkbox"/> The private school hereby accepts participation in Title IV-B equitable services.	<input type="checkbox"/> The private school hereby declines participation in Title IV-B equitable services.

SECTION C: The private school representative provides a hand-written signature to affirm selections in A & B above.		
Name of Private School Official:	Signature of Private School Official:	Date Signed:

SECTION D: If the private school representative did not complete Sections A, B & C, the 21st CCLC Program must check this box.	
<input type="checkbox"/> THE 21st CCLC Program HEREBY AFFIRMS and has documented that the private school was notified of the availability of federally funded equitable services and was invited to consult, but the private school: <ul style="list-style-type: none"> a. did not complete Sections A, B & C, b. actively refused the invitation to consult or c. did not respond, despite three timely and direct invitations being sent. 	

SECTION E: The 21st CCLC Program official's signature is required in all cases.		
Name of 21st CCLC Program Official:	Signature of 21st CCLC Program Official:	Date Signed:

All affirmation forms must be completed by 6-30-19, unless an extension has been granted by NCDPI.
Documentation of invitations and consultation meetings must be kept on file by the 21st CCLC Program.

NCDPI - Revised April 16, 2019



Private School Consultation

Reminders:

- Must document 3 attempts
- Ensure the CCIP Private Schools Affirmation, Notification and Consultation Form is signed with date. (Docu-sign may be utilized)
- Examples of documentation to ensure process occurred:
 - Invitation Letters
 - **Certified Mail Receipts (COVID-19) By Email or U.S. Mail – No face to face for certified letters necessary due to COVID-19**
 - Sign In Sheets (Virtual Documentation)
 - Agendas and Notes
 - Phone Logs
 - Emails
 - Communication Follow-up

**AFFIRMATION OF NOTIFICATION, INVITATION & CONSULTATION
FOR TITLE IV-B EQUITABLE SERVICES OFFERED TO PRIVATE SCHOOLS
BY A 21ST CENTURY COMMUNITY LEARNING CENTER (21ST CCLC PROGRAM)**
(This form is to be used by charter schools and non-profit organizations. (District offices use a different form.)

Private School: 21 ST CCLC PROGRAM:	Phone:
---	--------

SECTION A: The private school representative checks yes box.

A-1 ☐ **THE PRIVATE SCHOOL HEREBY AFFIRMS** that:

a. the "Summary of Factors for Consultation and Statement of Assurance for the Provision of Equitable Services to Private School Children" was provided to the Private School by the 21st CCLC Program;

b. the selection made in SECTION B (below) are based on timely and meaningful consultation with the 21st CCLC Program and on verifiable evidence and eligibility data provided by the private school to the 21st CCLC Program;

c. the proposed design of accepted services is equitable with respect to eligible private school children and

d. consultation that continue throughout the implementation and assessment of all accepted programs.

OR

A-2 ☐ **THE PRIVATE SCHOOL HEREBY ASSERTS** that one or more of the four conditions listed above have not been met. Considerable concerns regarding this process may be filed with the Equitable Services Ombudsman at NCDEP (919-807-2953).

SECTION B: 1- Only the private school may check the boxes in this section.

ACCEPT	DECLINE
<input type="checkbox"/> The private school <u>has</u> accepted participation in Title IV-B equitable services.	<input type="checkbox"/> The private school <u>has not</u> accepted participation in Title IV-B equitable services.

SECTION C: The private school representative provides a hand-written signature to affirm conditions in A & B above.

Name of Private School Official:	Signature of Private School Official:	Date Signed:
----------------------------------	---------------------------------------	--------------

SECTION D: If the private school representative did not complete Sections A, B & C, the 21st CCLC Program must check this box.

☐ **THE 21st CCLC PROGRAM HEREBY AFFIRMS** and has documented that the private school was notified of the unavailability of federally funded equitable services and was invited to consult, but the private school:

a. did not complete Sections A, B & C;

b. actively refused the invitation to consult or

c. refused to provide any data and/or other information for a full and complete consultation.

SECTION E: The 21st CCLC Program official's signature is required in all cases.

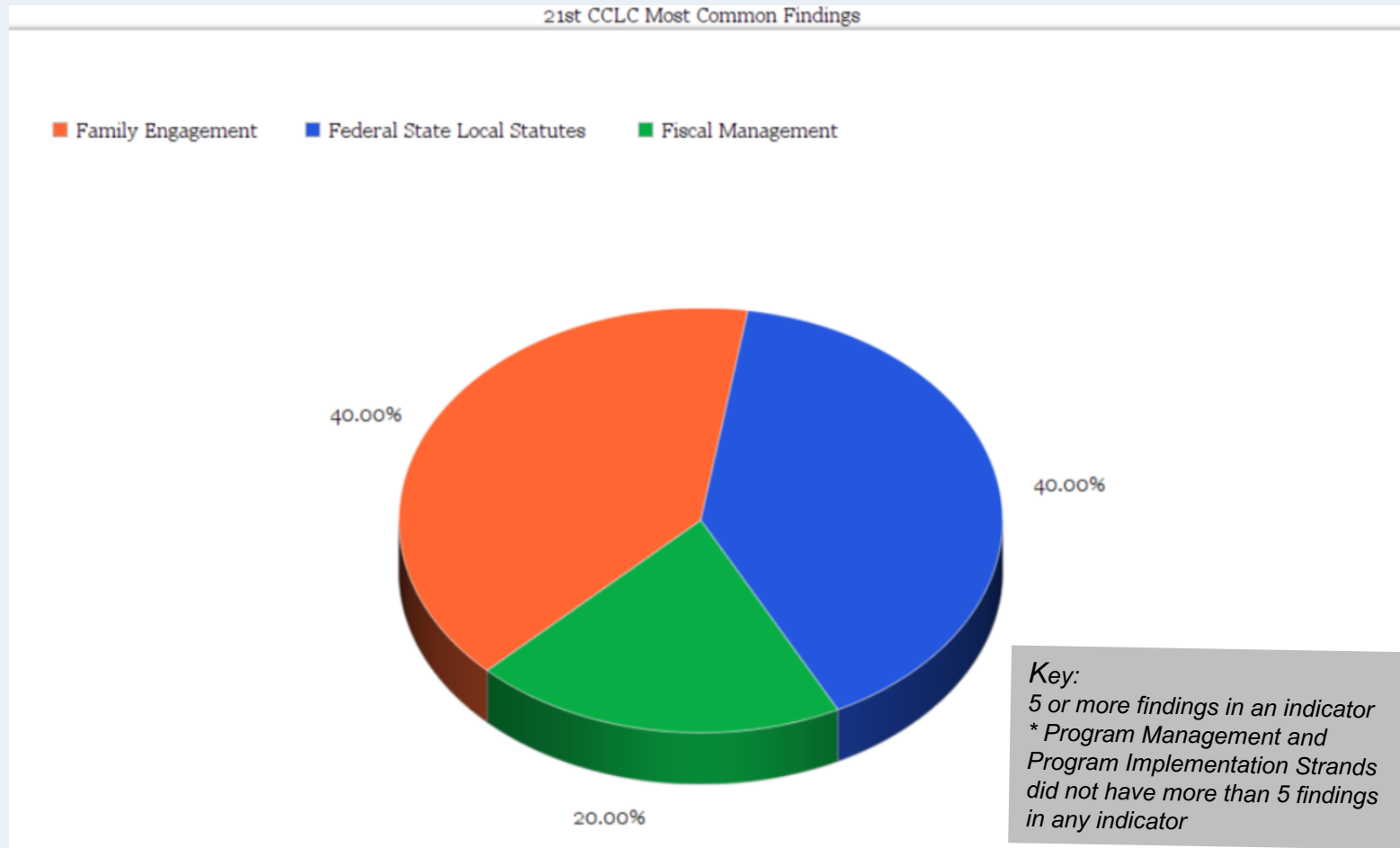
Name of 21 st CCLC Program Official:	Signature of 21 st CCLC Program Official:	Date Signed:
---	--	--------------

All affirmation forms must be completed by 6-30-19, unless an extension has been granted by NCDEP. Documentation of invitations and consultation meetings must be kept on file by the 21st CCLC Program.

NCDEP - Revised April 10, 2019



21stCCLC Monitoring Feedback: Common Findings from the Field



21stCCLC Monitoring Feedback: Common Findings from the Field

Strand 3- Family Engagement

- **3.2** Program involves parents in the planning of program activities, as appropriate.

Samples of parent surveys

Samples of parent meetings for parent input (e.g., agendas, sign-in sheets, etc.)

- **3.3** Program offers activities for family engagement around support for students' academic needs.

Agendas, sign-in sheets, materials for activities

Evaluations of family engagement activities

Schedule of family engagement activities for each site



21stCCLC Monitoring Feedback: Common Findings from the Field

Strand 3- Family Engagement

- **3.4** Program offers activities for families including opportunities for literacy and related educational development.

Agendas, sign-in sheets, materials for activities

Evaluations of family engagement activities

Schedule of family engagement activities for each site



21stCCLC Monitoring Feedback: Common Findings from the Field

Strand 4-Federal, State, Local Statutes

- 4.2 Program adheres to consultation requirements with private school officials prior to and during program implementation.

Agendas, sign-in sheets, minutes of all consultation meetings (i.e., pre-award, post- award, and during program implementation for participating private schools)

Evidence of communication with private school officials after grant is awarded

Evidence of ongoing communication with private school officials during the implementation of the program

Evidence of communication with private school officials prior to grant being awarded (e.g., Private Schools Consultation (CCIP form and emails, etc.)

List of private schools operating in the feeder school areas of the program



21st CCLC Monitoring Feedback: Common Findings from the Field

Strand 4-Federal, State, Local Statutes

- 4.4 Program implements procedures to ensure student and staff safety.

Schedule of safety drills conducted (e.g., fire, adverse weather, etc.)

Written emergency preparedness policy/plan (if LEA, plan must specifically address the 21st CCLC program)

Written adverse policy/plan



21stCCLC Monitoring Feedback: Common Findings from the Field

Strand 4-Federal, State, Local Statutes

- 4.6 Program takes place in a safe and easily accessible facility.

Evidence of accessibility to persons with disabilities

Evidence of regular facility maintenance

(e.g., fire inspection reports, building inspections, etc.)



21stCCLC Monitoring Feedback: Common Findings from the Field

Strand 5-Fiscal Management

- **5.2** Program provides staff training on written procedures for financial management.

Evidence of training (e.g., agendas, sign-in sheets, minutes, materials, etc.)



21stCCLC Monitoring Feedback: Common Findings from the Field

Strand 5-Fiscal Management

- **5.6** Program maintains compensation procedures for employees paid with grant funds to ensure that salary paid is commensurate with effort worked on the grant.

Evidence of 21st CCLC staff employment schedules outside of the 21st CCLC program

Evidence of other federal or state grants received by the subgrantee

Evidence that total salaries and employer taxes for all employees for the 21st CCLC program does not exceed 70% of the total yearly budget compared to salary schedule in CCIP

Samples of time and effort documentation

Personnel Activity Reports (PARs)

–Prepared monthly and dated/signed by employee and supervisor

_Performance Activities described

–Semi-annual certifications dated/signed by employee and supervisor



21stCCLC Monitoring Feedback: Documentation Tips and Best Practices

- Decide on an online platform and embrace digital documentation
- Utilize the monitoring instrument for self-check and a table of contents for online documentation
- Review Monitoring quarterly and add to PD/Staff Agendas
- Director and Program Director maintain and access ongoing monitoring documentation
- Upload documentation throughout the year as events occur
- Create meeting minute templates for unplanned/informal staff meetings/PLCs



21stCCLC Monitoring Feedback: Documentation Tips and Best Practices

- Behavior Incident Reflections and Action Plans
- Progress Report/Report Card Reflections
- Create Parent Advisory Teams/Committees
- Create a feeder school communication contact log
- Assign staff members to document family engagement events and compile documentation to turn into Director after the event
(sign in sheets, pictures, flyers, agendas, and materials from the event)
- Create a general ledger or spreadsheet to keep up with expenses throughout the year
- Plan the program calendar for the school year with activities, field trips, workshops and trainings
- Create an action plan for the program calendar identifying who is responsible, date, deadlines and materials needed
- Review original grant proposal and implement with fidelity the proposed data collection plan and analyze data quarterly to inform programming decisions





21st CCLC End of Year Procedures

Jennifer Smith (Piedmont-Triad/Northwest)

- **Submitting SY 21DC Attendance/Data**
- **Summer Carryover Budget**
- **Annual Program Evaluation**

Submitting School Year Attendance

Welcome

Welcome to the 21DC Data Collection system.

Here are instructions and information for 21DC Data Collection system **School Year and Attendance module**.

The data is collected as you enter it. Since attendance rosters aren't considered "stable" until early October, you may find that a student entered one day may disappear if s/he has changed schools during the first 28 school days.

The Grantee information ONLY (not Center(s), Activities, Partners, Staff or Students) has been copied over to the new school year. Please remember to edit the Grantee information if there have been changes within your organization.

2019-20 School Year is now open.					
System	Open Date	Closing Date	Year	Status	Cohort
21DC	8/28/2019	7/3/2020	2019-20 School Year	Open	12 & 13

Please contact Anita Harris at 919-807-3234 or by e-mail at anita.harris@dpi.nc.gov if you have any questions. Include the acronym **21DC** in the beginning of the subject line of your email along with your **name**, **phone #**, **unit #**, and a brief synopsis of the issue.

Regards,

21DC System Administrator

Submit SY2019-2020 21DC Attendance Data by 7/3/2020



Submitting 21DC Data

Grantee

Term: 2018-2019 School Year Active: Yes Modified: All Submitted: All

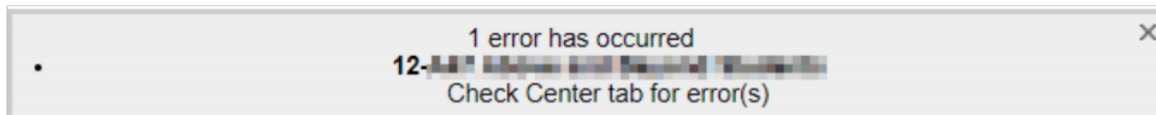
Grantee: Cohort 12 Grantee

Q Go Actions Submit Attendance Summary

	Term	Cohort	Grantee	Active Status	Modified Status	Submitted	Grantee Name	Organization Type	Address	City
Edit	2018-2019 School Year	12		Y	Y	N		Community-Based Organization		

1 - 1 of 1

If Required data is not complete, you will get an error when you try to Submit it:



Summer “Carryover” Operating Budget

- 21st CCLC funds are **available** for use from July 1, 2019-September 30, 2020
- However, the state’s FISCAL YEAR ends on June 30, 2020
- Therefore, 21st CCLC Programs need to submit a “Carryover” budget for remaining funds after the fiscal year ends
- Summer carryover operating budget is the amount of funds you will be carrying forward into the next *fiscal* year (but expending before 9/30/20)
 - ◆ **Your Summer operating budget runs from July 1, 2020 through September 30, 2020**



Summer Carryover Operating Budget Form

DEPARTMENT OF PUBLIC INSTRUCTION 21st CENTURY COMMUNITY LEARNING CENTER Summer Carryover Operating Budget					REV 3/6/2020
Organization Name	Unit Number	Cohort #		Project Period	Beginning 7/1/20
Fiscal Agent					Ending 9/30/20
					Total Yearly Budget \$195,814.00
					Balance as of 7/1/20

- Total Yearly Budget= Total Grant Award
- Balance as of 7/1/20= Total REMAINING FUNDS left of the grant award

Where to find this total?

- Non-LEAs= ERaCA System
- LEAs= BAAS



Welcome

Inquiry Submitted Data

Reports

Help

#1

Federal Cash Balance Report

Date : 05/16/2020

Fiscal Year : 2020

Fiscal Period : 10

Unit Number : B57 - The Dream Center

View Report

This number is the "month" of the fiscal year; April is the 10th month of the 2020 FY

List of Reports

- Cash Request Report By FRD Date
- Cash Request Report By Unit Number
- Federal Expenditures Report - JHA305EG
- Federal Cash Balance Report - JHA314EG
- State Funds Available Report - JHA372EG

#2

#3



N.C. DEPT OF PUBLIC INSTRUCTION
DATE RUN: 03/13/20
TIME RUN: 16:04:38
UNIT NUMBER

FEDERAL PROGRAMS
CASH BALANCE REPORT -- MTD BY LEA
AS OF 02292020

PROG: JHA314EG
REPORT: R03
PAGE: 127

PRC	PROGRAM DESCRIPTION	UNIT BEGINNING CASH BALANCE	MTD*** CERTIFICATIONS	NET MTD** EXPENDITURES	UNIT ENDING CASH BALANCE	ERROR FLAG*	REMAINING CASH AVAILABLE TO REQUEST
---	-----	-----	-----	-----	-----	-----	-----
110	21ST CENTURY COMMUNITY LEARNIN	.00	28,778.31	28,778.31	.00		112,690.60
UNIT TOTALS:		.00	28,778.31	28,778.31	.00		

* - IN ERROR FLAG COLUMN INDICATES THAT CALCULATED CASH BALANCE IS NOT EQUAL TO THE CASH ADVANCE BALANCE.
**NOTE: MTD EXPENDITURES ON THIS REPORT REFLECT ACTUAL CASH ACTIVITY. THE ACCRUAL REVERSAL ENTRIES ARE IGNORED.
ACCRUAL FIGURES, IN AN EFFORT TO REFLECT CASH ACTIVITY.
*** CERTIFICATIONS INCLUDE REFUNDS FOR PRIOR YEAR OVERSPENT PROJECTS.

This is the total
expenditures requested in
the current Month

Balance remaining
to request for
reimbursement



Welcome

Inquiry Submitted Data

Reports

Help

#1



ERaCA - Expenditure Reporting and
Cash Application for Education Centers

Home > Reports > Report Selection

Federal Expenditure S

Date : 05/16/201

Fiscal Year : 2020

Fiscal Period : 10

Unit Number : B57 - The Dream Center

View Report

This number is the
“month” of the
fiscal year; May is
the 10th month of
the 2020 FY

#3

List of Reports

- Cash Request Report By FRD Date
- Cash Request Report By Unit Number
- Federal Expenditures Report - JHA305EG
- Federal Cash Balance Report - JHA314EG
- State Funds Available Report - JHA372EG

#2



All line items
that have been
reimbursed

Subtract these
totals from
original budget
line items to get
balances

IC INSTRUCTION
9
0

FEDERAL PROGRAMS
BUDGET BALANCE RECONCILIATION REPORT

PROG: JHA305EG
REPORT: R01
PAGE: 228

PROGRAM REPORT CODE 110 21ST CENTURY COMMUNITY

ACCOUNT CODE	Y-T-D BUDGET	TRANS AMOUNT	TRANS VOUCHER TYPE NUMBER	SOURCE CODE	Y-T-D EXPENDITURES	BUDGET BALANCE
5350-113	\$.00	\$3,000.00		FN10000001	\$16,800.00	(\$16,800.00)
5350-121	\$.00	\$1,600.00		FN10000002	\$9,600.00	(\$9,600.00)
5350-135	\$.00	\$240.00		FN10000003	\$1,360.00	(\$1,360.00)
5350-196	\$.00	\$.00			\$7.48	(\$7.48)
5350-197	\$.00	\$.00			\$940.00	(\$940.00)
5350-198	\$.00	\$6,367.75		FN10000004	\$22,998.50	(\$22,998.50)
5350-211	\$.00	\$1,254.75		FN10000005	\$6,977.09	(\$6,977.09)
5350-311	\$.00	\$602.75		FN10000006	\$4,105.50	(\$4,105.50)
5350-312	\$.00	\$341.87			\$341.87	(\$341.87)
5350-327	\$.00	\$5,762.01			\$39,543.39	(\$39,543.39)
5350-332	\$.00	\$.00			\$74.10	(\$74.10)
5350-342	\$.00	\$.00			\$50.00	(\$50.00)
5350-411	\$.00	\$714.60			\$12,936.76	(\$12,936.76)
5350-459	\$.00	\$616.75			\$2,513.58	(\$2,513.58)
5350-461	\$.00	\$.00			\$8,889.12	(\$8,889.12)
5350-462	\$.00	\$2,612.59			\$4,701.94	(\$4,701.94)
5880-312	\$.00	\$350.00			\$350.00	(\$350.00)
5880-411	\$.00	\$6.40			\$6.40	(\$6.40)
5880-459	\$.00	\$141.23			\$141.23	(\$141.23)
6300-113	\$.00	\$4,000.00			\$32,000.00	(\$32,000.00)
6540-173	\$.00	\$192.50			\$915.00	(\$915.00)
6550-171	\$.00	\$1,001.25			\$4,435.00	(\$4,435.00)
6550-331	\$.00	\$10,000.00			\$55,000.00	(\$55,000.00)
8200-399	\$336,825.00	\$.00			\$.00	\$336,825.00
=====						
PRC TOTALS:	\$336,825.00	\$38,804.45			\$224,686.96	\$112,138.04
UNIT TOTALS:	\$336,825.00	\$38,804.45			\$224,686.96	\$112,138.04

Shows total
award, current
month requests,
total yearly
expenditures,
and budget
balance



Summer Carryover Operating Budget

Organization Name	Unit Number	Cohort #				
				Project Period	Beginning	7/1/20
Fiscal Agent					Ending	9/30/20
					Total Yearly Budget	\$195,814.00
					Balance as of 7/1/20	
Account Classification	Codes	Approved Starting Budget (see Form 208)	Remaining Balances	Increases	Decreases	Final Carryover Budget Amount
Alt Progs Supprt & Dev Svcs - Salary - Program Director/Supervisor	6300.110.113					\$ -
Alt Progs Supprt & Dev Svcs - Salary - Finance (e.g., Officer, bookkeeper, accountant)	6300.110.115					\$ -
Alt Progs Supprt & Dev Svcs - Salary - Office Support	6300.110.151					\$ -
Alt Progs Supprt & Dev Svcs - Longevity Pay	6300.110.184					\$ -
Alt Progs Supprt & Dev Svcs - Overtime	6300.110.199					\$ -
Alt Progs Supprt & Dev Svcs - Employer's Soc Sec - Regular	6300.110.211					\$ -
Alt Progs Supprt & Dev Svcs - Employer's Retirement-Regular	6300.110.221					\$ -
Alt Progs Supprt & Dev Svcs - Other Retirement-Regular	6300.110.229					\$ -
Alt Progs Supprt & Dev Svcs - Employer's Hospitalization Cost	6300.110.231					\$ -
Alt Progs Supprt & Dev Svcs - Employer's Workers' Comp Ins	6300.110.232					\$ -
Alt Progs Supprt & Dev Svcs - Employer's Unemployment Ins.	6300.110.233					\$ -
Alt Progs Supprt & Dev Svcs - Other Insurance Cost	6300.110.239					\$ -
Alternative Progs Support & Dev Services- Contracted Services (if working in administrative capacity)	6300.110.311					\$ -
Payments to Other Gov Units - Indirect Cost (non-LEA ICR is 3.776%)	8100.110.392	\$2,537.00	\$700.00			\$ 700.00
Extended Day/Year Instr - Site Director	5350.110.113	\$60,000.00	(\$2,000.00)	\$2,000.00		\$ -
Extended Day/Year Instr - Salary - Teacher	5350.110.121					\$ -
Extended Day/Year Instr - Salary - Held Harmless Salary	5350.110.129					\$ -
Extended Day/Year Instr - Salary - Instruct. Support I -	5350.110.131					\$ -
Extended Day/Year Instr - Salary - Instr Facilitator/ Lead Tchr	5350.110.135					\$ -
Extended Day/Year Instr - Salary - TA - Other	5350.110.141	\$37,960.00	\$15,032.00		\$2,000.00	\$ 13,032.00
Extended Day/Year Instr - Salary - Office Support	5350.110.151					\$ -
Extended Day/Year Instr - Substitute Pay - Reg. Absence	5350.110.162					\$ -

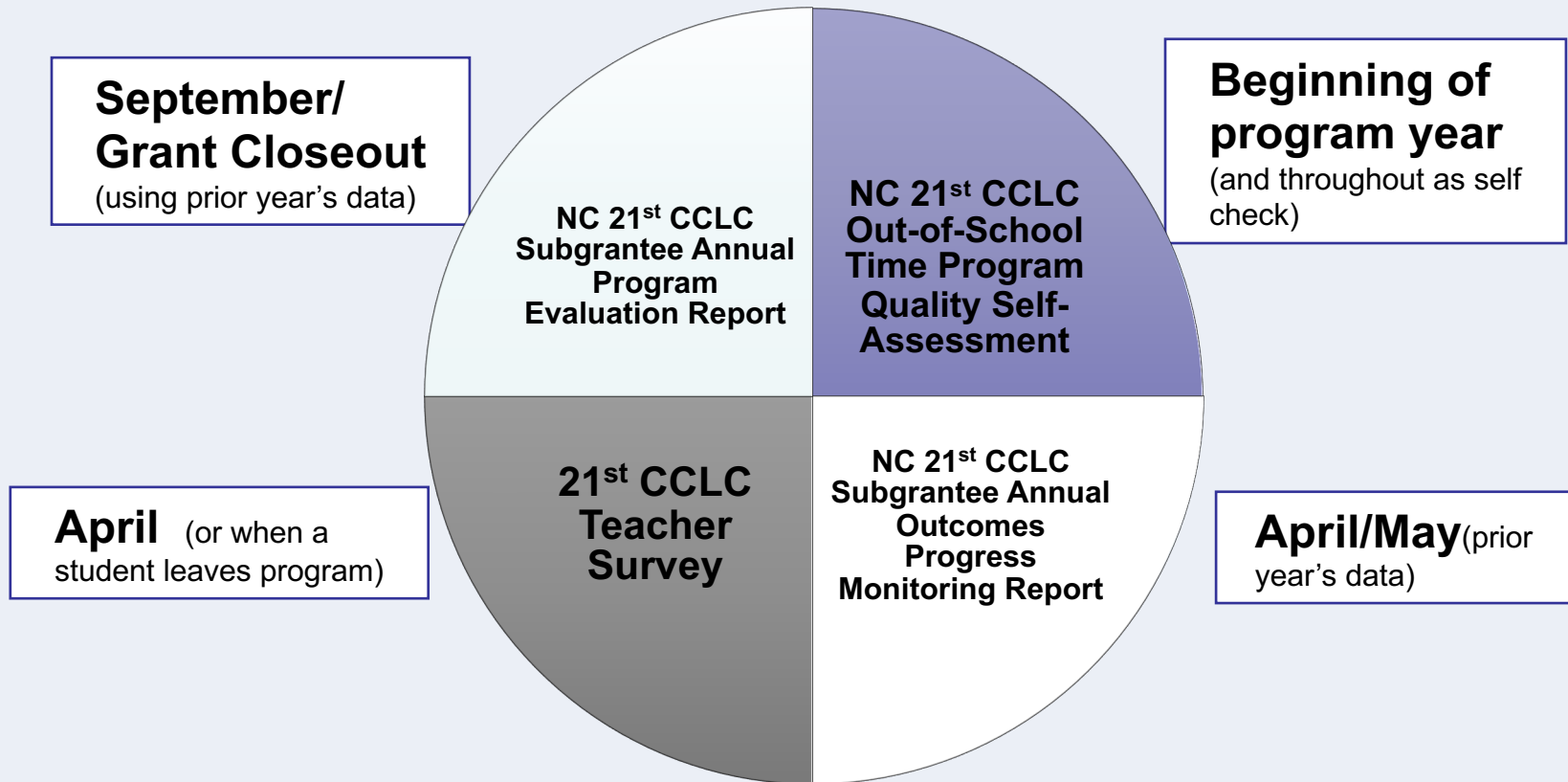


21st CCLC ERaCA FY Close-out

- Important Reminder:
- The ERaCA system has a two week close-out period at the end of the State's Fiscal Period
 - Need Date
- During this time there is a delay for cash requests
- However when the system reopens, any program expenditures incurred during the close out are reimbursable



NC 21st CCLC Subgrantee Evaluation Activities



NC 21st CCLC Subgrantee Annual Program Evaluation Report

NC 21st CCLC Subgrantee Annual Program Evaluation Report



21st CCLC Subgrantee Annual Program Evaluation Report

Program Name:	<input type="text"/>
Unit Number:	<input type="text"/>
Cohort Number ¹ :	<Select Cohort Number>
Program Year:	<Select Program Year>

Report Sections

- A. Number of Students Proposed and Served
- B. Budget Summary
- C. Providing High Quality Core Educational Services and Other Enrichment Activities that Complement the Academic Program
- D. Providing Literacy and Other Educational Development Opportunities to Families
- E. Program Administration and Collaboration/Partnerships
- F. Student Attendance in the Afterschool Program
- G. Collecting Classroom Teacher Surveys to Monitor Student Improvement



NC 21st CCLC Subgrantee Annual Program Evaluation Report

Purpose:

- To ensure that subgrantees reflect on the extent to which they are:
 - Meeting proposed:
 - Students served
 - Costs
 - Attendance targets
 - Continuously improving:
 - Program design
 - Family engagement
 - Project administration/collaboration
 - Data collection



NC 21st CCLC Out-of-School-Time Program Quality Self-Assessment

NC 21st CCLC Out-of-School Time Program Quality Self-Assessment

Out-of-School-Time Program Quality Self-Assessment Tool

Last Updated 9.27.18

Quality Standard #1: Provide Students with a Safe Environment

Does the out-of-school-time program...	Yes	In Progress	No
1) have an environment that is free of safety hazards, clean, and conducive to the learning activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) have written and approved safety policies and procedures that are shared with students and their parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) train all staff on written and approved safety policy and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) comply with state-required emergency and evacuation procedures including safety and fire drills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) maintain all requisite documents pertaining to facility safety inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) maintain accurate and readily available registration documents and emergency information for all students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) maintain a regular schedule that has been clearly communicated to staff, parents, and students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) have effective procedures for arrival, dismissal, and other important student transitions (e.g., way to record students' arrival, departure)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) ensure safe transportation to and from the program and program-sponsored field trips (as needed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) serve at least one nutritious snack and/or meal per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) have written guidance for parents and staff on working with students with disabilities as per the Americans with Disabilities Act (ADA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter Total #s Checked "Yes", "In Progress", and "No"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below to add any notes regarding Quality Standard #1

The NC 21st CCLC Out-of-School-Time Program Quality Self-Assessment format is designed to engage program leaders in thoughtful discussions about strengths and areas needing improvement. Although designed for use by 21st CCLC programs in North Carolina, it can be used by any after-school program.

<https://serve.uncg.edu/21st-cclc/program-quality/>



NC 21st CCLC Subgrantee Annual Outcomes Progress Monitoring Report



21st CCLC Subgrantee Annual Outcomes Progress Monitoring Report

Subgrantee: Good Day Grantee

Cohort: 12 Year: 17-18

Objective	Target	Observed	Goal Met?	Cohort 11 Mean
Goal 1: Targeted Students Are Enrolled				
1.1: Enroll At Least 75% of Proposed Number of Students (with the desired goal of 90%)	75%	26%	✗	95%
1.2: The Majority (Over 50%) of Students are from Low-Income Schools (Title I)	50%	100%	✓	82%
1.3: The Majority (Over 50%) of Students (Grades 4-8) Need Academic Support Based on Reading and/or Math EOGs	Reading: 50% Math: 50%	Reading: 73% Math: 80%	✓	Reading: 77% Math: 75%
Goal 2: Enrolled Students Meet Definition of "Regular" Attendance				
2.1: Percentage of Students Attending 30 Days or More ("Regular" Attendees) Meets Minimum Threshold/Target for Grade Level	Elem: 80% Middle: 60% High: 40%	Elem: 100% Middle: 93% High: 100%	✓ ✓ ✓	Elem: 89% Middle: 76% High: 72%
2.2: Percentage of Centers with an Average Attendance of 30 Days or More	100%	100%	✓	88%
Goal 4: "Regular" Attendees Will Demonstrate Educational and Social Benefits and Exhibit Positive Behavioral Changes				
4.1: Percentage of "Regular" Attendees (Grades 4-8), With Two Years of State Test Data, Who Improve from "Non-Proficient" Levels (I, II, III) to "Proficient" Levels (IV or V) Will Be At Least 11%	Reading: 11% Math: 11%	Reading: 5% Math: 4%	✗ ✗	Reading: 11% Math: 11%
4.2: "Regular" Attendees (Grades 4-8) With Two Years of State Test Data Will Demonstrate Year-to-Year Change on State Tests in Reading and Math at Least As Great or Greater Than the State Population Year-to-Year Change.	Same or Greater Than	Reading: Same Math: Same	✓ ✓	Reading: Same Math: Same
4.3: Classroom Teachers Will Indicate Improvement in the Majority (Over 50%) of "Regular" Attendees at the End of the Year on: Homework Completion and Class Participation	50%	NA	✗	80%
4.4: Classroom Teachers Will Indicate Improvement in the Majority (Over 50%) of "Regular" Attendees at the End of the Year: Student Behavior	50%	NA	✗	80%



If you have any questions regarding your progress monitoring reports, email CCLC at cclc@ncpi.org

Page 1 of 1

Purpose:

- Ensure subgrantees can easily review their performance on state progress monitoring goals.

NC 21st CCLC
Subgrantee
Annual Outcomes
Progress
Monitoring Report



NC 21st CCLC Subgrantee Annual Outcomes Progress Monitoring Report

- Comprised of data from the previous program year.
- SERVE will provide to grantees in April/May of following program year.
 - Reports shared with NCDPI.
- No subgrantee submission required of this activity.
 - Data used is based on data received from NCDPI.
- Intended for subgrantee use for program improvement.





Wrap-Up: Q & A

Tammorah Mathis

Recap Deadlines:

21DC 2019-2020 SY-Closes July 3, 2020

21DC Summer-Opens May 25, 2020

**21st CCLC Cohort 14 Application
deadline has been extended to
April 24, 2020. (this Friday)**



Thank you for all of your efforts for 21st CCLC in North Carolina!

Please contact us if we can assist you in anyway!

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